Case 21-11923-elf Doc 53 Filed 02/24/22 Entered 02/24/22 09:11:30 Desc Main Document Page 1 of 2

E :11	in this information to	- 1-1									
	in this information to										
		William Gily	aru			-					
	otor 2 ouse, if filing)					_					
Uni	ted States Bankrupt	tcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	L	_					
Case number 21-11923							Ch	eck if this is	:		
(If kr	nown)							An amende	ed filing		
									ent showing as of the fo	<i>-</i> 1	tion chapter ate:
<u>O</u>	fficial Form	<u> 1061</u>						MM / DD/ Y	YYYY		
S	chedule I: `	Your Inc	ome								12/1
atta	ch a separate shee	et to this form.	r spouse is not filing w On the top of any additi	onal pages, write yo				number (if	known). Aı	nswer ev	very question
	information.	•		Debtor 1				Debtor 2 or non-filing spouse			
	If you have more t attach a separate	e page with	Employment status	■ Employed			☐ Employed				
	information about			☐ Not employed				☐ Not employed			
	employers.		Occupation	school bus driver Southeast Delco School District 1660 Delmar Drive Folcroft, PA							
	Include part-time, self-employed wo		Employer's name								
	Occupation may ir or homemaker, if i		Employer's address								
			How long employed t	here? 3 years							
Par	t 2: Give Det	ails About Mor	nthly Income								
	mate monthly inco use unless you are s		ate you file this form. If	you have nothing to re	eport for	any li	ne, wı	rite \$0 in the	space. Inc	lude your	non-filing
	u or your non-filing : e space, attach a se		ore than one employer, co	ombine the information	n for all e	emplo	yers f	or that perso	on on the lir	nes below	v. If you need
							For D	ebtor 1		otor 2 or ng spous	se
2.	List monthly gross wages, salary, and commissions (be deductions). If not paid monthly, calculate what the monthly				2.	\$_		1,605.08	\$	N	/A
3.	Estimate and list	monthly overt	ime pay.		3.	+\$_		0.00	+\$	N	/A

Official Form 106I Schedule I: Your Income page 1

1,605.08

N/A

4. Calculate gross Income. Add line 2 + line 3.

Debtor 1		William Gilyard			number (if known)	21-11923				
	Con	y line 4 here	4.	Fo:	1,605.08	For Debtor non-filing s				
5	•			· –		`				
5.	5a. 5b. 5c. 5d. 5e. 5f. 5f. 5g. 5h.	all payroll deductions: Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: ret emssh	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ _ \$ _ \$ _ \$ _ \$ _ \$ _ \$ _	222.00 0.00 228.00 0.00 0.00 0.00 28.00 64.00 122.00 4.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	N/A N/A N/A N/A N/A N/A N/A N/A			
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.	\$	668.00	\$	N/A			
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	937.08	\$	N/A			
8.	8a. 8b. 8c. 8d. 8e. 8f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8f. 8g. 8h.+		0.00 0.00 0.00 0.00 1,537.00 0.00 2,813.00 0.00		N/A N/A N/A N/A N/A N/A	1		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	4,350.00	\$	N/A			
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		10. \$		5,287.08 + \$_	N/A	= \$	5,287.08		
 State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:										
	appl					12.		5,287.08		
13.	B. Do you expect an increase or decrease within the year after you file this form? No.							Combined monthly income		
		Ves Evolain:								